

**SUMMARY FORM**

**COLLECTIVE BARGAINING AGREEMENT**  
**PUBLIC SECTOR / NON-POLICE & NON-FIRE**

**Section I: Agreement Details**

Public Employer: Bridgewater-Raritan Regional School District County: Somerset  
 Employee Organization: Bridgewater-Raritan Supervisors' Association Employees in Unit: 16  
 Base Year Contract Term: 7/1/08 to 6/30/11 New Contract Term 7/1/11 to 6/30/13  
 Type of Settlement: ☒ Mediated Settlement ☐ Fact-Finder Recommendation ☐ Voluntary Settlement ☐ Super Conciliation

		Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
<b>Section II: Economic</b>			
Item 1 .....	Salary	1,880,138.00	1,917,741
Item 2 .....	Increment		
Item 3 .....	Longevity	21,255.00	21,255
Item 4 .....			
Item 5 .....			
Item 6 .....			
Item 7 .....			
Item 8 .....			
Item 9 .....			
Item 10 .....			
Item 11 .....			
Item 12 .....			
Any additional items list on separate sheet Additional Items			
<b>Section III: Totals - Sum of costs in each column</b>		1,901,393	1,938,996
		(Total)	(Total)

**Section IV: Analysis of new successor agreement**

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	<u>1,880,138</u>				
Effective Date (m/d/yyyy)	<u>7/1/11</u>	<u>7/1/12</u>			
Percent Increase .....	<u>2%</u>	<u>2%</u>			
Total cost of increase ..	<u>37,603</u>	<u>38,355</u>			
Total base salary (successor agreement) .....	<u>1,917,741</u>	<u>1,956,096</u>			

**Section V: Impact of Settlement - average annual increase over term of agreement**

Percentage Impact (average per year over term of agreement)	<u>2%</u>
Dollar Impact (average per year over term of agreement)	<u>37,979</u>

**Section VI**

*Health Insurance (indicate costs associated on each line)*

	Base Year	Year 1			
Cost of Health Plan .....	<u>206,352</u>	<u>247,622</u>			
Employee Contributions .....	<u>28,202</u>	<u>28,766</u>			
Prescription .....	<u>47,031</u>	<u>56,437</u>			
Dental .....	<u>15,898</u>	<u>15,898</u>			
Vision .....					

*The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.*

**Section VII**

Prepared by: PETER F. STARKS Title: BUSINESS ADMINISTRATOR  
 Signature: [Signature] Date: 9/16/13